Comment: __

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	RECEIVED	A Pub	lic Document
ī.					☐ Date Stamp	Ca	lifornia 802
	City of San Jose			OTOPA			
	Division, Department, or Region (if applicable)				OFEB 16 PM	* 48	For Official Use Only
	Council District 6						
	Designated Agency Contact (Name, Title)				1		
	Dev Davis, Councilmember				Amondment (M	ust Provide Ev	planation in Part 2 \
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)		
	408-535-4906	district6@sanjoseca.gov			Date of Original Filing: $\frac{02/16/2018}{(month, day, year)}$		
	Function or Event Information						
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 225 and \$86						
	Event Description: San Jose Sharks Game Date(s) 02 / 13 / 18						
	Provide Title/ Explanation						
	ïcket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no:						
	Name of Source Name of Source Davis, Dev						
	Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: Davis, Dev Official's Name (Last, First)						
	of agency official?						
3.	• Use Section A to identify the agen-		Use Section B to	identify an individ	ual. • Use Section C to i	dentify an ou	tside organization.
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's policy		
	SJPD BFO Patrol		17		the SJPD BFO Patrol officers who made over vithin prostitution operations and continuing		
				to keep our o	communities safe.		10. The Control of th
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
	Navarro, Jennifer Executive Assistant		2		onial Role 🗵 Other 🗌 Income 🗖 ing "Ceremonial Role" or "Other" describe below: gnition event		
	Garavagalia, Christina Council Assistant		2	1	onial Role Other Income ng "Ceremonial Role" or "Other" describe below: nition event		
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pursuant to the agency's policy		
	Verification						
	have read and understand FPF with the requirements.	² C Regulations 18944	.1 and 18942. I	have verified th	nat the distribution se	et forth abov	ve, is in accordant
_	18-00	Da	v Davis		Councilmember		02/16/18
1	Signature of Agency Head or Designe	3	int Name		Title		(month, day, year)